James A Burkush
Chief of Department

City of Manchester

Fire Department

Fire Communications Division

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION
Name:_____
Address:_____
Representative:_____
Telephone:_____

PROPERTY NAME (User)
Name: _____
Address:_____
Owner Contact: _____
Telephone: _____

MONITORED BY:
Company Name: _____
Contact: _____
Telephone: _____
Monitoring Account # or Box #_____

SERVICE – Submit Form to:
θ New Install – Communications Division
θ Weekly – Fire Prevention Bureau
θ Monthly – Fire Prevention Bureau
θ Quarterly – Fire Prevention Bureau
θ Semi-annually – Fire Prevention Bureau
θ Annually – Fire Prevention Bureau
θ Other (Specify) _____

TYPE TRANSMISSION
θ 100 Mil
θ Digital
θ RF
θ Radio Master
θ Other (Specify)_____

FIRE ALARM PANEL
Panel Manufacturer: _____
Panel Model: _____
Circuit Styles: _____
Software Rev. Date:_____
Last System Service Date: _____
Reason for Service: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Manual Stations
_____	_____	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify)_____

ALARM NOTIFICATION AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify)_____

No. of Alarm Indicating Circuits: _____ Are Circuits supervised? θ Yes θ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Fire Pump Power
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump/Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other (Specify)_____

SIGNALING LINE CIRCUITS

Quality and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity_____ Style(s) _____

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage_____, Amps_____
Overcurrent Protection: Type_____, Amps _____
Location (Panel Number): _____

b. Secondary (Standby):
_____ Storage Battery: Amp-Hr. Rating_____
Calculated capacity to operate system, in hours: _____24_____60_____
_____Engine-driven generator dedicated to fire alarm system:
Location of fuel storage: _____

TYPE OF BATTERY
- θ Dry Cell
- θ Nickel-Cadmium
- θ Sealed Lead-Acid
- θ Lead-Acid
- θ Other (Specify):_____

c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply;
_____ Emergency system described in NFPA 70, Article 700
_____ Legally required standby described in NFPA 70, Article 701
_____ Operational standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	θ	θ	
Interface Eq.	θ	θ	
Lamps/LED's/Displays	θ	θ	
Fuses	θ	θ	
Primary Power Supply	θ	θ	
Trouble Signals	θ	θ	
Disconnect Switches	θ	θ	
Ground-Fault Monitoring	θ	θ	

SECONDARY POWER TYPE	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	θ		
Load Voltage		θ	
Discharge Test		θ	
Charger Test		θ	
Specific Gravity		θ	
TRANSIENT SUPPRESSORS	θ		
REMOTE ANNUNCIATORS	θ	θ	

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	θ	θ	
Off-Hook Indicator	θ	θ	
Amplifier(s)	θ	θ	
Tone Generator(s)	θ	θ	
Call-In Signal	θ	θ	
System Performance	θ	θ	

INTERFACE EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
(Specify)_____	θ	θ	
(Specify)_____	θ	θ	
(Specify)_____	θ	θ	

SPECIAL HAZARD SYSTEMS			
(Specify)_____	θ	θ	
(Specify)_____	θ	θ	
(Specify)_____	θ	θ	

Special Procedures:_____

Comments: _____

_____

ALARM INITIATING DEVICE TEST INFORMATION

	# OF DEVICES TESTED	PASS/FAIL		# OF DEVICES T ESTED	PASS/FAIL
Pull Stations	_____	_____	Audible/Visual units	_____	_____
Heat Detectors	_____	_____	Audible units	_____	_____

Smoke Detectors			Visual units		
Duct Detectors			Door Holders		

Comments_____

SPRINKLER SYSTEM DEVICE INFORMATION

FLOW SWITCHES

Zone/Device	Time	Zone/Device	Time

PRESSURE SWITCHES

Zone/Device	Alarm Pressure

SUPERVISORY SWITCHES

Zone/Device	Functional Test	Zone/Device	Functional Test
	θ		θ
	θ		θ
	θ		θ
	θ		θ

Comments_____

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	YES	NO	WHOM	TIME
Monitoring Entity	θ	θ		
Building Occupants	θ	θ		
Building Management	θ	θ		
Other (Specify)_____	θ	θ		
AHJ (Notified) of Any Impairments	θ	θ		

ON/OFF PREMISES MONITORING	YES	NO	TIME	COMMENTS
Alarm Signal	θ	θ		
Alarm Restoral	θ	θ		
Trouble Signal	θ	θ		
Supervisory Signal	θ	θ		
Supervisory Restoral	θ	θ		

NOTIFICATIONS THAT TESTING IS COMPLETE	YES	NO	WHOM	TIME
Building Management	θ	θ		
Monitoring Agency	θ	θ		
Building Occupants	θ	θ		
Other (Specify)_____	θ	θ		

The following did not operate correctly: _____

_____

_____

_____

System restored to normal operation: Date_____ Time_____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

NAME OF TECHNICIAN (PRINT) _____

SIGNATURE_____ DATE _____ TIME _____

NAME OF OWNER/REPRESENTATIVE (PRINT)_____

SIGNATURE_____ DATE _____ TIME_____